

REQUESTED EFFECTIVE DATE OF INSURANCE DD/MM/YYYY	PLAN 70-MP	CERTIFICATE NO.
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INSURER: Industrial Alliance Insurance and Financial Services Inc.

GENERAL INFORMATION

GROUP POLICYHOLDER (RETAILER)		RETAILER NO.	SOFTWARE COMPANY	
STOCK NO.	VEHICLE IDENTIFICATION NO.	COMPANY NAME		
DEBTOR SURNAME		FIRST NAME		GENDER <input type="checkbox"/> F <input type="checkbox"/> M
DATE OF BIRTH DD/MM/YYYY				
ONE PERSON ONLY				
APT.	STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
TAX EXEMPT - IF APPLICABLE, RECORD STATUS CARD NO. <input type="checkbox"/> STATUS CARD NO.:	TELEPHONE	EMAIL		
CO-DEBTOR SURNAME		FIRST NAME		GENDER <input type="checkbox"/> F <input type="checkbox"/> M
DATE OF BIRTH DD/MM/YYYY				
ONE PERSON ONLY (MAY BE INSURED EVEN IF DEBTOR IS NOT INSURED)				
APT.	STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
TAX EXEMPT - IF APPLICABLE, RECORD STATUS CARD NO. <input type="checkbox"/> STATUS CARD NO.:	TELEPHONE	EMAIL		

VEHICLE FINANCING INFORMATION

<input type="checkbox"/> PURCHASE		<input type="checkbox"/> LEASE		<input type="checkbox"/> OTHER: _____	
FINANCIAL INSTITUTION		VEHICLE PAYMENT FREQUENCY PERIOD			
STREET ADDRESS		CITY	PROVINCE	POSTAL CODE	
FIRST PAYMENT DATE DD/MM/YYYY	FINANCE TERM IN MONTHS	AMORTIZATION TERM IN MONTHS		INTEREST RATE	
VEHICLE PAYMENT	MAXIMUM: 240 MONTHS FINANCED AMOUNT	MAXIMUM: 240 MONTHS TOTAL AMOUNT OF LOAN INSURED		RESIDUAL VALUE (IF APPLICABLE)	
PER VEHICLE PAYMENT FREQUENCY PERIOD	INCLUDING INTEREST AND APPLICABLE TAXES		INCLUDING SALES TAX, IF APPLICABLE		

LIFE INSURANCE

INSURED: <input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Both	INSURANCE TERM MONTHS	EXPIRY DATE OF INSURANCE DD/MM/YYYY
SELECT ONE OPTION (If Amortization or Finance Term is greater than Insurance Term, select "Plus" Insurance)		
<input type="checkbox"/> LIFE INSURANCE ONLY <input type="checkbox"/> LIFE + INVOLUNTARY UNEMPLOYMENT INSURANCE <input type="checkbox"/> LIFE PLUS INSURANCE ONLY <input type="checkbox"/> LIFE PLUS + INVOLUNTARY UNEMPLOYMENT INSURANCE		
INSURED FINANCED AMOUNT	INSURED RESIDUAL VALUE	RESIDUAL INSURANCE PREMIUM
EXCLUDING INTEREST	IF APPLICABLE	PER PREMIUM PAYMENT FREQUENCY PERIOD, IF APPLICABLE

INVOLUNTARY UNEMPLOYMENT INSURANCE

WAITING PERIOD 30-DAY ELIMINATION	MAXIMUM NUMBER OF INSURED MONTHLY PAYMENTS SELECT ONE OPTION: <input type="checkbox"/> 3 <input type="checkbox"/> 6	INSURED MONTHLY PAYMENT INCLUDING INTEREST AND APPLICABLE TAXES
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For Life Insurance and Involuntary Unemployment Insurance: Maximum Amount of Insurance (Insured Financed Amount plus Insured Residual Value): \$1,000,000 (ages 18-55), \$250,000 (ages 56-70). If an option with Involuntary Unemployment is selected, Maximum Amount of Insurance (Insured Monthly Payment): \$5,000/month (ages 18-70). Maximum Insurance Term for Life: 180 months. Maximum Insurance Term for Life and Involuntary Unemployment combined: 120 months. Aggregate Maximum: \$1,000,000 (ages 18-55), \$250,000 (ages 56-70).

CRITICAL ILLNESS (CI) INSURANCE

INSURED: <input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Both	INSURANCE TERM MONTHS	EXPIRY DATE OF INSURANCE DD/MM/YYYY
SELECT ONE OPTION (If Amortization or Finance Term is greater than Insurance Term, select "Plus" Insurance)		
<input type="checkbox"/> CI INSURANCE ONLY <input type="checkbox"/> CI PLUS INSURANCE		
INSURED FINANCED AMOUNT	INSURANCE PREMIUM	
EXCLUDING INTEREST	PER PREMIUM PAYMENT FREQUENCY PERIOD	
INSURED RESIDUAL VALUE	RESIDUAL INSURANCE PREMIUM	
IF APPLICABLE	PER PREMIUM PAYMENT FREQUENCY PERIOD, IF APPLICABLE	

DISABILITY INSURANCE

INSURED: <input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Both	INSURANCE TERM MONTHS	EXPIRY DATE OF INSURANCE DD/MM/YYYY
WAITING PERIOD _____ DAYS		
SELECT ONE OPTION: <input type="checkbox"/> ELIMINATION <input type="checkbox"/> RETROACTIVE		
The Insurance DOES NOT cover the Waiting Period The Insurance DOES cover the Waiting Period		

MAXIMUM NUMBER OF INSURED MONTHLY PAYMENTS	SELECT ONE OPTION	INSURED MONTHLY PAYMENT	INSURANCE PREMIUM
<input type="checkbox"/> FULL TERM INSURANCE <input type="checkbox"/> RECURRING INSURANCE (6 PER CLAIM) <input type="checkbox"/> VARIABLE INSURANCE	SELECT ONE OPTION <input type="checkbox"/> 12 <input type="checkbox"/> 24	INCLUDING INTEREST AND APPLICABLE TAXES	PER PREMIUM PAYMENT FREQUENCY PERIOD

Maximum Amount of Insurance (Insured Monthly Payment): \$5,000/month (ages 18-64). Aggregate Maximum: \$1,000,000
 Maximum Insurance Term: 120 months (ages 18-59), 84 months (ages 60-64).

PREMIUM PAYMENT FREQUENCY PERIOD	SELECT ONE OPTION	TOTAL INSURANCE PREMIUM
I chose to pay my Total Insurance Premium (Including Sales Tax) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		PER PREMIUM PAYMENT FREQUENCY PERIOD
Premium Payment Frequency Periods must correspond to Vehicle Payment Frequency Periods. Quarterly, Bi-Annually and Annually Vehicle Payment Frequency Periods will default to a Monthly Premium Payment Frequency Period.		SALES TAX
		PER PREMIUM PAYMENT FREQUENCY PERIOD, IF APPLICABLE
		TOTAL INSURANCE PREMIUM (INCLUDING SALES TAX)
		PER PREMIUM PAYMENT FREQUENCY PERIOD

ELIGIBILITY REQUIREMENTS, LIMITATIONS AND EXCLUSIONS

Please read the following and sign below. It is important that you understand this Certificate and determine whether you are eligible to purchase this Insurance.

I understand that I am eligible:

- If the maximum Amortization Term of my loan does not exceed 240 months.
- If I have selected Life or Involuntary Unemployment Insurance, I confirm that I am at least 18 but not yet 71 years of age.
- If I have selected CI or Disability Insurance, I confirm that I am at least 18 but not yet 65 years of age.
- If I have selected Disability Insurance, I confirm that I am:
 - able to perform the usual duties of my occupation; AND
 - gainfully employed, and have been working at least 23 hours per week for the past 4 weeks (also applicable to self-employed individuals who have an annual business income after operating costs of at least \$9,000); OR
 - gainfully employed Seasonally, (i) at least 11 consecutive weeks, for 25 hours per week during the past 12 months; or (ii) have contributed to the Employment Insurance Account and have worked for the required number of hours (based on location and regional employment rate) to be eligible to collect benefits under the *Employment Insurance Act* (Canada).
- If I have selected Involuntary Unemployment, I confirm that I am:
 - able to perform the usual duties of my occupation; AND
 - gainfully employed, and have been working at least 23 hours per week for the past 4 weeks; AND
 - neither self-employed, nor employed Seasonally.

I confirm that I have read the above and understand that no Insurance coverage will be available in part or at all if I do not meet the applicable Eligibility Requirements. I also confirm that the information given above and on page 1 is correct and understand that any incorrect answer or misrepresentation may render this Certificate void.

I understand that any claims arising from, or caused or contributed to by PREEXISTING CONDITIONS, as described on page 2, will not be covered if the event claimed for occurs within 24 months of the Effective Date of Insurance with the exception of CI, where the event will not be covered at any time.

I understand and agree that the Insurance payable under this Certificate is subject to the Eligibility Requirements, Limitations (including Special Limitations) and Exclusions (including Pre-existing Conditions), general terms, conditions and Definitions, as described in this Certificate.

I HAVE BEEN GIVEN A COPY OF PAGES 1-4 OF THIS CERTIFICATE AND ITS PAYMENT SCHEDULE A (RECURRING PRE-AUTHORIZED DEBIT (PAD) AND PRE-AUTHORIZED PAYMENT BY CREDIT CARD (PAPCC) AGREEMENT) AND I HAVE BEEN ADVISED TO READ THIS CERTIFICATE IN FULL. I UNDERSTAND THAT COVERAGE IS VOLUNTARY.

I understand that it is my responsibility to inform the Insurer of this Certificate of any changes relating to my personal information previously provided including my name, address, phone number and email address. Failure to do so may result in delays in processing my request.

I am aware that no party is authorized to waive or modify the terms of this Certificate and that any manual/written alterations or changes to this Certificate will void coverage. I am aware that the Creditor/Group Policyholder is not an agent of the Insurer. **I am aware of the Money Back Guarantee on page 4.**

I understand that this Certificate has Maximum Amounts of Insurance and an Aggregate Maximum as stated on page 1.

I confirm that I have received the French version of this Certificate. I require that the Certificate herein and any other related documentation be drawn up in English. Je confirme que la version française du présent Certificat m'a été remise. Je demande que le présent Certificat et les documents qui s'y rattachent soient rédigés en anglais.

Summary – I hereby acknowledge having received the Summary. For another copy of the Summary, please contact our Administration Centre at 1 877 671-9009.

I acknowledge that I have received and read the description of the coverages that appear on this 4-page Certificate and hereby accept these provisions. I acknowledge that where there is no Insurance Premium indicated, I am not insured for that type of coverage.

I chose to pay the Total Insurance Premium (Including Sales Tax) by (SELECT ONE OPTION):

- Pre-Authorized Debit (PAD) Pre-Authorized Credit Card (PAPCC)

I acknowledge and agree to pay the Total Insurance Premium (Including Sales Tax) to the Insurer in accordance with the terms and conditions set out in Schedule A related to my choice of payment method above.

Please be aware this Certificate excludes coverage for certain Pre-existing Conditions. We urge you to review the definition of Pre-existing Condition provided on page 2. For questions regarding Pre-existing Conditions, eligibility, Limitations and Exclusions, call 1 800 761-4655. For all other inquiries, please see the number contained on page 4.

PROTECTION OF PERSONAL INFORMATION

I hereby acknowledge having received the Privacy Notice. I have also read and completed the Your Consent Page which is appended and I confirm it is in accordance with my preferences.

X		X	
DEBTOR	DATE (DD/MM/YYYY)	CO-DEBTOR	DATE (DD/MM/YYYY)

"We", "us" or "our" means the Insurer. "You" or "your" means the Insured. Words used in this Certificate that have an initial capital letter have the defined meaning or value as set out below or on page 1 of this Certificate. All of the terms governing coverage are set out in this Certificate. In consideration of our receipt of the applicable Total Insurance Premium (Including Sales Tax) due each Premium Payment Frequency Period for the remainder of the Insurance Term in Months set out on the front of the Certificate, we insure you for only the Insurance detailed on the Certificate. If there is no Insurance Premium indicated or the Insurance Premium is zero, then you are not insured for that type of Insurance. Your coverage will begin on the Effective Date of Insurance as defined below. Any Insurance amounts payable under this Certificate will be paid to the Financial Institution, if named, to reduce your financial obligation under the Financed Amount. Your Certificate is not assignable.

SECTION 1 – DEFINITIONS

1. "Certificate of Insurance" or "Certificate": this Certificate plus any additional documents regarding your coverage issued to you by the Insurer and forms your contract of Insurance.
2. "Critical Illness" or "CI": Diagnosis of any of the following Covered Conditions which occur directly as a result of illness, and first occur after the Effective Date of Insurance:
 - (A) Life-Threatening Cancer: The Diagnosis of a malignancy characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue but not including:
 - Early prostate cancer diagnosed as T1 N0 M0 or equivalent staging;
 - Pre-malignant lesions;
 - Benign tumours or benign polyps;
 - Non-invasive cancer in situ;
 - Any skin cancer, other than invasive malignant melanoma into the dermis or deeper; and
 - Any tumour in the presence of the human immunodeficiency virus (HIV).
 - (B) Heart Attack (Myocardial Infarction): The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnostic must be confirmed by both:
 - 1) new electrocardiographic changes indicative of a myocardial infarction or by a new clinical presentation, only in cases where the ECG can not be interpreted (complete bundle branch block, WPW, pace-maker), and
 - 2) characteristic changes of cardiac biochemical markers (troponin or CPK or CPK-MB) to levels consistent with acute myocardial infarction.
 Exclusions:
 - 1) Heart Attack occurring in the 48 hours following an elective revascularization procedure, unless it is accompanied by new pathological Q waves.
 - 2) Heart Attack diagnosed by any other method, unless the Diagnostic is confirmed as described above.
 - (C) Coronary Artery Bypass Surgery: The heart surgery performed to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques are excluded.
 - (D) Stroke: An acute cerebral vascular accident (CVA) producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 30 days following the occurrence of the Stroke. Transient Ischemic Attacks (TIAs) are not covered.
 - (E) Major Organ Failure Requiring Transplant: The irreversible failure of the liver, bone marrow, entire heart, both lungs or both kidneys requiring a transplant of that organ, resulting in the Insured being accepted into a recognized transplant program in Canada. The Insured must survive at least 30 days following the date of enrollment into the transplant program.

- (F) Paralysis: Paralysis resulting in complete and permanent loss of use of two or more limbs without interruption for a period of 90 days. At the end of such period, a Physician (M.D.) must certify that the paralysis is complete and permanent.
3. "Diagnosis": the certified Diagnosis of the Insured with a Covered Condition by a Physician (M.D.).
4. "Effective Date of Insurance": the Requested Effective Date.
5. "Financed Amount": the debt described on page 1 of this Certificate, payable in whole or part by installments, resulting from your debt to the Financial Institution, if one is named.
6. "Full Term Insurance": if selected on page 1, Disability Insurance coverage in effect until the expiry of the Certificate.
7. "Injury": bodily Injury caused by an accident that occurs after the Effective Date of Insurance. The Injury must result from the accident, directly and independently of any other causes and must solely cause the death or Total Disability.
8. "Insurance": the Life, Involuntary Unemployment, CI and/or Disability Insurance selected on this Certificate.
9. "Insured": the Debtor and Co-Debtor named on this Certificate, who (a) are Debtor(s) under the Financed Amount, (b) satisfy the Eligibility Requirements, (c) have paid the applicable Total Insurance Premium (Including Sales Tax) for the Insurance coverage selected on the Certificate, and (d) have selected Insurance. The Insured must be a natural person, not a partnership, company or association.
10. "Insured Loan": the debt described on page 1 of this Certificate by the Insured Financed Amount over the Amortization Term in Months at the Interest Rate. If a) the Financed Amount is greater than the Insured Financed Amount or b) your Amortization Term is greater than your Insurance Term, the Insurance benefit may not pay the full outstanding balance of your financial obligation.
11. "Insurer": Industrial Alliance Insurance and Financial Services Inc.
12. "Involuntary Unemployment": job-loss or layoff which is not attributed to your action, misconduct, option, or desire and was not anticipated on or prior to the Effective Date of Insurance.
13. "Maximum Number of Insured Monthly Payments": as selected on page 1 of this Certificate, the total number of Insured Monthly Payments that will be paid during the Insurance Term for Involuntary Unemployment (if selected under Life Insurance) or Disability Insurance, per Insured.
14. "Physician (M.D.)": a person who is legally authorized to practice medicine and provide care and treatment within the scope of their license in Canada and who is not the Insured, a relative or related directly or indirectly to any of these.
15. "PLUS Insured Loan": the debt described on page 1 of this Certificate by the Insured Financed Amount over the Amortization Term in Months at the Interest Rate. If the Financed Amount is greater than the Insured Financed Amount, the Insurance benefit may not pay the full outstanding balance of your financial obligation.
16. "Pre-existing Condition":
 - (A) in relation to Life and/or Disability Insurance, an illness, disease, mental, nervous or psychiatric condition or disorder for which any of (i) medical advice, (ii) treatment, (iii) service, (iv) prescribed medication, (v) Diagnostic, or (vi) consultation, including consultation to investigate, follow-up and/or diagnose (where Diagnostic has not yet been made) was received by you or would have been received by a prudent individual within both (a) the 12 months immediately preceding the Effective Date of Insurance and (b) the 12 months immediately following the Effective Date of Insurance.

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(B) in relation to CI Insurance, an illness, disease, mental, nervous or psychiatric condition or disorder for which any of (i) medical advice, (ii) treatment, (iii) service, (iv) prescribed medication, (v) Diagnostic, or (vi) consultation, including consultation to investigate, follow-up and/or diagnosis (where Diagnostic has not yet been made) was received by you or would have been received by a prudent individual anytime prior to the Effective Date of Insurance.

17. "Recurring Insurance": if selected on page 1 of this Certificate, Disability Insurance that will pay a maximum equivalent of 6 Insured Monthly Payments per claim per Insured and the claim will close. A subsequent claim would require that the Insured has returned to work for a minimum of 90 days and is subject to a new Waiting Period.
18. "Seasonally" or "Seasonal": as used with reference to work, work that is limited in frequency by weather or other natural conditions and does not include occupations limited by availability of work.
19. "Sickness": illness, disease or disorder that first becomes manifest after the Effective Date of Insurance.
20. "Specialist": a Physician (M.D.) licensed and practicing in Canada whose practice is limited to the particular branch of medicine relating to the applicable Covered Condition and who is not the Insured, a relative or business associate of the Insured.
21. "Totally Disabled" or "Total Disability": your inability, solely due to Sickness or Injury, to perform all the duties of your occupation. After you have been Totally Disabled for 12 continuous months (plus any Elimination Waiting Period), Total Disability means your inability, solely due to Sickness or Injury, to perform all duties of any occupation for which you are or can become reasonably qualified by virtue of your education, training, or experience. You are not Totally Disabled if you are working full or part-time or if you have retired. Lack of work does not constitute Total Disability or entitle you to Insured Monthly Payments.
22. "Variable Insurance": if selected on page 1 of this Certificate, Disability Insurance that will pay a maximum equivalent of 12 or 24 Insured Monthly Payments during the Insurance Term for Disability Insurance per Insured.

SECTION 2 – LIFE INSURANCE

Involuntary Unemployment Insurance cannot be purchased as a stand-alone coverage.

If you have selected 'Life Insurance' or 'Life + Involuntary Unemployment Insurance' option: in the event of your death due to Sickness or Injury, we will pay: (1) the outstanding balance of your Insured Loan at the date of death, and (2) the present value of the Insured Residual Value if you have selected this coverage.

If you have selected 'Life PLUS Insurance' or 'Life PLUS + Involuntary Unemployment Insurance' option: in the event of your death due to Sickness or Injury, we will pay the outstanding balance of the PLUS Insured Loan on the date of death.

If you have selected 'Life + Involuntary Unemployment Insurance' or 'Life PLUS + Involuntary Unemployment Insurance' option: in the event that you experience Involuntary Unemployment, for a consecutive number of days longer than the Waiting Period, we will pay your Insured Monthly Payments for the period of Involuntary Unemployment, monthly in arrears, subject to the Waiting Period. Payment will be calculated from the day following the Waiting Period.

Insured Monthly Payments will stop when: a) you are no longer experiencing Involuntary Unemployment; b) the Maximum Number of Insured Monthly Payments have been made; or c) upon Termination of Insurance as described on page 4, whichever occurs first.

The amount paid for periods of Involuntary Unemployment which are less than one month will be calculated at a daily rate of 1/30th of the Insured Monthly Payment.

After the Waiting Period, successive periods of Involuntary Unemployment separated by less than one month of continuous employment are considered a continuation of a period of Involuntary Unemployment and not subject to a new Waiting Period. We will not pay any Insurance benefits for any debt outstanding under the Financed Amount at the Expiry Date of Insurance.

In any event, we will not pay more than the remaining principal owing at the date of death.

SECTION 3 – CRITICAL ILLNESS (CI) INSURANCE

If you have selected CI Insurance: in the event that you receive a Diagnosis of a CI, we will pay: (1) the outstanding balance of your Insured Loan on the date the CI was Diagnosed, and (2) the present value of the Insured Residual Value if you have selected this coverage.

If you have selected CI PLUS Insurance: in the event that you are Diagnosed with a CI, we will pay the outstanding balance of the PLUS Insured Loan on the date the CI was Diagnosed.

The Insurer will pay a CI benefit upon receipt of satisfactory proof that a CI occurred and was first Diagnosed while the Insurance was in force and did not result from one or more of the items listed under Section 5 (Limitations and Exclusions).

In any event, we will not pay more than the remaining principal owing at the date the CI was Diagnosed.

Only one CI benefit is payable under each certificate issued by the Insurer.

SECTION 4 – DISABILITY INSURANCE – ACCIDENT AND SICKNESS

In the event you are Totally Disabled due to Injury or Sickness for a consecutive number of days longer than the Waiting Period, we will pay your Insured Monthly Payments for the period of Total Disability, monthly in arrears, subject to the Waiting Period. If you selected a Retroactive Waiting Period, payment will be calculated from the first day of Total Disability. If you selected an Elimination Waiting Period, payment will be calculated from the day following the Waiting Period.

Insured Monthly Payments will stop when: a) you are no longer Totally Disabled; or b) upon Termination of Insurance as described on page 4; or c) if the Variable Insurance option is selected, upon payment of the selected Maximum Number of Insured Monthly Payments; or d) if the Recurring Insurance option is selected, upon payment of the equivalent of 6 Insured Monthly Payments for a claim, whichever occurs first.

The amount paid for periods of Total Disability which are less than one month will be calculated at a daily rate of 1/30th of the Insured Monthly Payments.

After the Waiting Period, successive periods of Total Disability, caused by the same Sickness or Injury, separated by less than 90 days of continuous employment are considered a continuation of a period of Total Disability and not subject to a new Waiting Period. After 90 days of continuous employment, they would be considered a new claim and will be subject to a new Waiting Period.

We will not pay any Disability Insurance for any debt outstanding under the Financed Amount at the Expiry Date of Insurance.

SECTION 5 – LIMITATIONS AND EXCLUSIONS

General Limitations and Exclusions for all coverage types:

No Insurance benefit will be paid under your Certificate in the event that your claim is caused or contributed to by any of the following:

- (a) a Pre-existing Condition, or as a direct or indirect result of treatment for a Pre-existing Condition. This exclusion only applies if the event claimed for occurs within 24 months of the Effective Date of Insurance with the exception of CI, where the event will not be covered at any time;
- (b) intentionally self-inflicted injury;
- (c) nuclear, chemical or biological contamination;
- (d) war or any act of war whether declared or undeclared;
- (e) suicide within the two year period immediately following the Effective Date of Insurance;
- (f) direct or indirect participation in a criminal act, or any attempt to commit a criminal offence, including but not limited to, operating a motor vehicle while the concentration of alcohol in 100 millilitres of the Insured's blood exceeds 80 milligrams;
- (g) chronic or excessive use of alcohol;
- (h) drug or substance use apart from controlled drugs used as legally prescribed by and on the advice of a Physician (M.D.);
- (i) pregnancy, childbirth, or termination of pregnancy; or
- (j) cosmetic or elective surgery.

Limitations and Exclusions specific to Involuntary Unemployment Insurance:

In addition to the general Limitations and Exclusions listed above, no Insurance benefit shall be payable for Involuntary Unemployment that results directly or indirectly from:

- (a) Involuntary Unemployment occurring anytime during a period of 90 days following the Effective Date of Insurance;
- (b) retirement, early retirement or receipt of retirement benefits, including but not limited to benefits under the Canada or Quebec Pension Plans;
- (c) voluntary resignation;
- (d) deception, fraud, criminal conduct, conflict of interest, willful misconduct or refusal to perform one's position;
- (e) lock-out or strike;
- (f) self-employment or Seasonal employment;
- (g) failure to be re-elected as or termination of one's duties as an elected municipal, provincial or federal official; or
- (h) expiry of a contract of employment for a fixed term.

In addition to the above exclusions, if Involuntary Unemployment occurs within 12 months of the Effective Date of Insurance, no Insurance benefit shall be payable for Involuntary Unemployment that results directly or indirectly from:

- (a) any staff reduction program announced by an employer prior to the Effective Date of Insurance;
- (b) any layoff which includes, either in a general or specific manner, the position of an Insured and which is initiated prior to the Effective Date of Insurance; or
- (c) Involuntary Unemployment pursuant to notice of possible Involuntary Unemployment provided prior to the Effective Date of Insurance.

Limitations and Exclusions specific to CI Insurance:

In addition to the general Limitations and Exclusions listed above, no CI benefit will be paid if:

- (a) the Insured does not survive 30 days following the Diagnosis of the CI; or
- (b) the Insured is diagnosed with Cancer, had any signs and/or symptoms or medical problems commence, or had investigations leading to the Diagnosis of any cancer covered or excluded under this Certificate initiated within 90 days following the Effective Date of Insurance.

SECTION 6 – SPECIAL LIMITATIONS

In addition to the Limitations and Exclusions listed above, the following Special Limitations apply:

1. If the Debtor and Co-Debtor die simultaneously and they were both insured, only one Life Insurance benefit payment will be made.
2. The Life and CI Insurance benefits payable under your Certificate combined with any other creditor group insurance certificates issued by us to you will not exceed the maximum allowable life or CI benefit amount as stated on the certificate with the highest maximum allowable life or CI benefit listed. In this event, the liability under this Certificate will be adjusted on a pro-rata basis with your other creditor group insurance certificates.
3. The Accident & Sickness Disability Insurance monthly payment payable under your Certificate combined with any other creditor group insurance certificates issued by us to you will not exceed the maximum allowable monthly Disability benefit amount (Insured Monthly Payment) as stated on the certificate with the highest maximum allowable monthly disability benefit (Insured Monthly Payment) listed. In this event, the liability under this Certificate will be adjusted on a pro-rata basis with your other creditor group insurance certificates.
4. The Accident & Sickness Disability Insurance benefits payable under your Certificate and any other creditor group insurance certificates issued by us to you will not exceed the Aggregate Maximum amount as stated on the certificate with the highest maximum allowable Aggregate Maximum listed. In this event, the liability under this Certificate will be adjusted on a pro-rata basis with your other creditor group insurance certificates.
5. If the Debtor and Co-Debtor are Totally Disabled or experience Involuntary Unemployment at the same time and they were both insured, no more than the equivalent of one Insured Monthly Payment per month will be made for any Insurance benefit(s) claimed under Disability or Life Insurance.
6. If the Recurring Insurance option is selected on page 1 of this Certificate, the total amount of benefit payable for each claim shall not exceed 6 times the equivalent of an Insured Monthly Payment amount stated on this Certificate. A subsequent claim would require that the Insured has returned to work for a minimum of 90 days.
7. If your Total Disability is caused or contributed to by:
 - (a) mental, nervous or psychiatric condition or disorder, payments will only be made if you are under the continuous care of a Physician (M.D.) and follow the care plan and recommendations of such Physician (M.D.) which may include namely but not limited to, regularly attending a psychiatrist, a psychologist or

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- a neurologist, taking prescribed medication and the benefit period will never exceed 6 months per claim.
- (b) Sickness or Injury of the neck or back including but not limited to lumbar, thoracic or cervical spine, payments will only be made if you are under the continuous care of a Physician (M.D.) and follow the care plan and recommendations of such Physician (M.D.) which may include namely but not limited to regularly attending a neurologist, a neurosurgeon, a physiatrist, an orthopaedic surgeon or a rheumatologist and taking prescribed medication and the benefit period will never exceed 6 months per claim.
8. The Maximum Amount of Insurance is governed by the age of the eldest Insured.

SECTION 7 – CONDITIONS OF PAYMENT

- Claim forms must be completed and submitted to the Insurer within 90 days of the date of Involuntary Unemployment, Diagnosis of CI or Total Disability for which a claim is made, and thereafter as required by us. If it is not reasonably possible to complete and submit claim forms within 90 days, they must be furnished as soon as reasonably possible and in no event later than two years from the time claim forms are otherwise required. In the event Disability or Involuntary Unemployment claim forms are received after 90 days from the onset of the event, Insurance benefits will only be retroactively considered for the 90 days prior to the receipt of the claim forms. For Life Insurance, claims forms must be completed and submitted to the Insurer once it is reasonably possible to do so. The expense of providing the proof of claim is the responsibility of the Insured.
- In adjudicating any claim, we shall be entitled to receive satisfactory proof of eligibility and proof of the following: a) date of 1) birth, 2) death, 3) Involuntary Unemployment, 4) CI, 5) Total Disability; and b) the circumstances causing or contributing to it; and c) any treatment both before and after the Effective Date of Insurance and proof from the finance source(s) that the Insured Amount has not been paid out, re-written, or revised.
- You must be under the continuous medical supervision and treatment of a Physician (M.D.) while Totally Disabled.
- We will have the right to have you medically examined by a licensed Physician (M.D.) of our choice as often as is reasonably required during the period for which Insurance is claimed. If you fail to submit to such an examination within a reasonable period, we will be entitled to terminate payment of your Insurance.
- You are responsible for continuing to make any payments required to cover your Total Insurance Premium (Including Sales Tax) that fall due while your claim is being adjudicated and for the duration of an approved claim. We will not pay any overdue payments or additional interest charges.
- You are responsible for continuing to make any payments required to cover your Vehicle Payments (per Vehicle Payment Frequency Period) that fall due while your claim is being adjudicated and for the duration of an approved claim. After each approved payment period has been completed, your Vehicle Payments (per Vehicle Payment Frequency Period) will be adjudicated in accordance with the Disability Insurance benefit outlined in this Certificate, provided an Insurance Premium is indicated showing that you are insured for that type of coverage, and will be subject to our reimbursement through the finance source(s) to which you made your payments. The Financial Institution and the Insured(s) are responsible for reconciling the payment(s). We will not pay any overdue payments or additional interest charges.
- We will not pay any overdue payments or additional interest charges under the Financed Amount at the date of death, Involuntary Unemployment, CI Diagnosis or Total Disability.
- In the event you were not eligible to purchase the Insurance, our only obligation is to refund to you any Total Insurance Premium (Including Sales Tax) payments which have been paid.
- As a condition of payment of Involuntary Unemployment benefits, the Insured must also:
 - submit an application for unemployment benefits under the *Employment Insurance Act* (Canada) immediately upon being eligible to do so;
 - be eligible to collect and receive regular benefits under the *Employment Insurance Act* (Canada);
 - be actively seeking employment during the period of Involuntary Unemployment;
 - submit copies of their weekly stubs and payment details from benefit payments received under the *Employment Insurance Act* (Canada).

SECTION 8 – TERMINATION OF INSURANCE

- This Certificate will terminate for all Insured(s), when any of the following events occur:
 - upon the discharge of the debt in respect of the Financed Amount;
 - upon the Expiry Date of Insurance;
 - the terms of payment, or the amount payable, under the Financed Amount have been increased or extended (subject to paragraph 3 of this section);
 - the property which is the subject of the Financed Amount has been repossessed or become the subject of a court action;
 - upon our receipt of written notice, signed by the Debtor and the Co-Debtor, if named, requesting cancellation of the Insurance coverage; or receipt of a phone call (which shall be recorded), made by the Debtor and the Co-Debtor, if named, requesting the cancellation of the Insurance coverage. The recording of the call constitutes sufficient proof of the request.
In either case, you must provide a minimum of 5 business days notice prior to your next scheduled payment in order to prevent the processing of the upcoming Total Insurance Premium (including applicable sales tax). Failure to provide such notice will result in the next scheduled Total Insurance Premium (including applicable sales tax) being processed as normal and will not be refundable;
 - upon Certificate cancellation, under which coverage will cease at the end of the covered Premium Payment Frequency Period. No prorated refund will be provided;
 - upon the date of death of the Insured Debtor for single coverage, or both Insured Debtor and Co-Debtor for joint coverage;
 - upon failure to pay any Total Insurance Premium (Including Sales Tax) within 61 days after its due date;
 - upon our payment of the Life Insurance or CI Insurance benefit; or
 - upon failure to be under the continuous care of a Physician (M.D.) and/or do not follow the Physician (M.D.)'s recommendations.
- Specific Insurance coverages will terminate when any of the following events occur:
 - Life Insurance (if selected) will terminate for all Insured(s) upon the 75th birthday of the eldest Insured;
 - CI Insurance (if selected) will terminate for all Insured(s) upon the 70th birthday of the eldest Insured;
 - Disability Insurance (if selected) will terminate for all Insured(s) upon the 70th birthday of the eldest Insured;
 - Disability Insurance (if selected) will terminate for all Insured(s) upon the payment of the Aggregate Maximum benefit under this Certificate and any other group insurance certificates issued by us to you;

- Disability and/or Involuntary Unemployment Insurance (if selected) will terminate for an Insured upon retirement from regular or Seasonal employment, early retirement or in receipt of retirement benefits, including but not limited to benefits under the Canada or Quebec Pension Plans;
 - Disability Insurance (if selected with a Variable Insurance option) will terminate for an Insured upon payment of the Maximum Number of Insured Monthly Payments; or
 - Involuntary Unemployment Insurance (if selected) will terminate for an Insured upon payment of the Maximum Number of Insured Monthly Payments as specified on this Certificate.
- Upon your written request, we may continue to offer coverage, at our option, under your Certificate upon refinancing of the Financed Amount. In the event we offer such coverage, the Effective Date of Insurance, Expiry Date of Insurance, Insurance amounts and all other terms and conditions will remain the same.
 - If the Insurance under your Certificate is terminated before the Expiry Date of Insurance, you must apply in writing or by phone to be paid any Total Insurance Premium (Including Sales Tax) paid in excess. We will require the request to be submitted within 180 days following Termination of Insurance. If such a request is received more than 180 days following termination, you may be subject to an additional administration fee. Should your Certificate be terminated as a result of circumstances described in paragraphs 1 (a) or 1 (d), and any Total Insurance Premium (Including Sales Tax) was paid in excess, you must notify us in writing or by phone as soon as possible. Our only obligation is to refund you 50% of up to a maximum of 36 months of any applicable Total Insurance Premium (Including Sales Tax) paid in excess.
 - A failed payment attempt of any Total Insurance Premium (including Sales Tax) will trigger the following:
 - a \$10 Non-Sufficient Funds (NSF) fee will be applied. No further payment attempts will be made;
 - a written notification will be sent to you, instructing you to contact our Administration Centre;
 - if we do not receive payment for the full outstanding Total insurance premium (including Sales Tax) within 15 days, your coverage will be suspended;
 - your outstanding balance will continue to accrue during the suspension period;
 - if you contact our Administration Centre to pay any outstanding Total Insurance Premium (including Sales Tax), and payment in full is received within the 61-day grace period, this Certificate and coverage will be reactivated retroactively;
 - failure to pay any Total Insurance Premium (including Sales Tax) within 61 days after its due date will result in the termination of this Certificate for all Insured(s). Your coverage will only be valid for the period for which payment has been received.

SECTION 9 – COMPLIMENTARY TELEMEDICINE SERVICES

By purchasing this Certificate, all Insured(s) listed on this Certificate are entitled to access complimentary telemedicine services provided by a telemedicine service provider at no additional cost. These services are intended for non-emergency medical matters and enable secure interaction with licensed healthcare professionals through a telemedicine service provider. These services are offered in English and French. Language access may vary by location, staffing, and availability at the time of consultation.

The telemedicine services are non-transferable, non-cancellable, and cannot be exchanged for cash value or applied toward a reduction in Insurance Premiums. These services are provided to you at no cost and do not grant the authority to alter the pricing or benefits structure of the Certificate.

These services are subject to availability, which may vary based on provincial or territorial regulations, licensing requirements, and clinical resources. We reserve the right to modify, suspend, or discontinue any or all services at any time. Such discontinuation shall not constitute a breach of this Certificate. You will be notified in advance in accordance with applicable notice provisions.

Eligibility:

- To be eligible for these services, you must:
 - hold an active Certificate Number (found on your Certificate);
 - meet your Certificate's Eligibility Requirements; and
 - comply with all applicable policies and governing documents of the telemedicine service provider.
- Continued access may be subject to ongoing eligibility verification. Access to services will cease immediately if your Certificate is cancelled, terminated, or otherwise rendered inactive.
- Creating an account on the telemedicine service provider's platform does not alone establish eligibility for these services.
- The telemedicine services are restricted to Insured(s) who are physically present within Canada during the time of consultation.

INSURER'S CONTACT INFORMATION

P.O. Box 5900, Vancouver, B.C., V6B 5H6
 Administration: 1 877 671-9009 (Tel)
 Claims: 1 800 549-7227 (Tel) 1 (604) 733-9519 (Fax)
 Cancellations: 1 877 671-9009 (Tel) 1 (450) 671-2525 (Fax)
 cancellation.iasc@ia.ca (Email)

For procedures on how to file a complaint, please visit: <https://iadealerservices.ca/complaints>

MONEY BACK GUARANTEE

You have 20 days after signing this Certificate to decide whether you want to keep the coverage. If you choose to cancel within this period, return the Certificate to the Insurer or to the Creditor/Group Policyholder from whom you purchased it. We will cancel your coverage from the Effective Date of Insurance and will refund you Total Insurance Premium (Including Sales Tax) paid during those 20 days, regardless of your Premium Payment Frequency Period.

LIMITATION OF ACTION

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation.

CERTIFICATE NO.